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26271 7590 12/15/2003

**FULBRIGHT & JAWORSKI, LLP  
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Monica L. Thomas	(Depositor's name)
<i>Monica L. Thomas</i>	(Signature)
March 10, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/860,738	05/18/2001	John P. Langmore	AH-UMIC:047US	6897

**TITLE OF INVENTION:** METHOD OF PRODUCING A DNA LIBRARY USING POSITIONAL AMPLIFICATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	03/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
HORLICK, KENNETH R	1637	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Fulbright & Jaworski, LLP**

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**The Regents of the University of Michigan**

**Ann Arbor, Michigan**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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**4b. Payment of Fee(s):**

☒ Issue Fee

☒ Publication Fee

☒ Advance Order - # of Copies 5

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(Authorized Signature)

(Date)

**Melissa L. Sistrunk** *Melissa L. Sistrunk* **Mar. 10, 2004**

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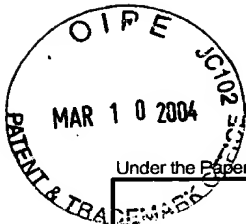
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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03/15/2004 BERNE1 00000053 09860738

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PTO/SB/21 (08-03)  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/860,738
		Filing Date	May 18, 2001
		First Named Inventor	John P. Langmore
		Art Unit	1637
		Examiner Name	K. R. Horlick
Total Number of Pages in This Submission	2	Attorney Docket Number	AH-UMIC:047US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  PART B - ISSUE FEE(S) TRANSMITTAL Check in the amount of \$980.00 Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FULBRIGHT & JAWORSKI L.L.P. Melissa L. Sistrunk
Signature	
Date	March 10, 2004

<b>Transmittal</b>	
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Dated: March 10, 2004	Signature:  (Monica L. Thomas)